

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-family: cursive; font-size: 1.2em;">621548443</div>		FILING DATE			
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2	1						52					
3		2					53					
4		2					54					
5	1						55					
6	1						56					
7		1					57					
8		1					58					
9		2					59					
10		1					60					
11		1					61					
12		1					62					
13		2					63					
14		2					64					
15		2					65					
16		1					66					
17		1					67					
18		1					68					
19		2					69					
20		2					70					
21		2					71					
22		2					72					
23		1					73					
24		1					74					
25		1					75					
26		1					76					
27		2					77					
28		2					78					
29		2					79					
30		2					80					
31		2					81					
32		1					82					
33		1					83					
34			1				84					
35				1			85					
36				1			86					
37			1				87					
38				1			88					
39				1			89					
40				1			90					
41				1			91					
42				1			92					
43				1			93					
44				1			94					
45				1			95					
46				1			96					
47				1			97					
48				1			98					
49				1			99					
50				1			100					
TOTAL IND.	4		2				TOTAL IND.					
TOTAL DEP.	47						TOTAL DEP.					
TOTAL CLAIMS	51		63				TOTAL CLAIMS					